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FROM-MERCHANT & GOULD P.C.

206-342-6201

T-014 P.001

F-058

Merchant & Gould

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Fax Transmission | January 27, 2004

TO: Commissioner for Patents
Attn: Kenneth A. Gross
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Timothy P. Sullivan

OUR REF: 50037.48US01
TELEPHONE: 206.342.6254

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Total pages, including cover letter: 21

PTO FAX NUMBER 1-703-872-9306

If you do NOT receive all of the pages, please telephone us at 206.342.6200, or fax us at 206.342.6201.

Title: DEBUG ANNOTATIONS
Applicant: Richard M. Shupak
Serial No.: 09/628,839
Filed: July 31, 2000
Group Art Unit: 2122
Our Ref. No.: 50037.48US01
Confirmation No. 5501

Please deliver the attached Amendment to the Examiner as soon as possible. Thank you.

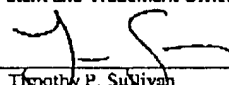
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**RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2100**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard M. Shupak Examiner: Kenneth A. Gross
Serial No.: 09/628,839 Group Art Unit: 2122
Filed: July 30, 2000 Docket: 50037.48US01
Confirmation No.: 5501 Due Date: January 29, 2004
Title: DEBUG ANNOTATIONS

CERTIFICATE UNDER 37 CFR 1.6(d): I hereby certify that this correspondence is being sent via facsimile to (703) 872-9306, Commissioner for Patents, Attn: Examiner Kenneth A. Gross, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on January 27, 2004.

By: 
Name: Timothy P. Sullivan

VIA FACSIMILE #703-872-9306
Commissioner for Patents
Attn: Examiner Kenneth A. Gross
U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

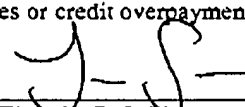
We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate Under 37 CFR 1.6(d)
- ☒ Amendment
- ☒ The fee has been calculated as shown below in the "Claims as Amended" table
Please charge Deposit Account #13-2725 for add'l claims fee \$162
- ☒ Petition for Extension of Time
Please charge Deposit Account #13-2725 for extension fee \$110

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
65	-	56	=	9	x	18.00	=	\$162.00
Independent Claims								
12	-	12	=	0	x	86.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								162.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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By: 
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